



APPLICATION FOR CONSTRUCTION PERMIT
TEXAS RENDERERS' LICENSING ACT

Budget 7B751
Fund 101

I, _____
Applicant Name Title Phone

hereby make application to the Texas Department of Health for a Construction Permit for

Name and Physical Address of Business

Check one:

☐ New Construction _____
(address if different from above)

Type of Construction: ☒ Rendering Establishment ☒ Related Station ☒ Transfer Station

☐ Addition to existing facility
Current Operating License Number _____

MAIL THE APPLICATION AND THE APPROPRIATE FEE TO: Texas Department of Health
P.O. Box 149200
Austin, Texas 79714-9200

Check One	Cost of Construction	Fee
<input checked="" type="checkbox"/>	Less than \$10,000	No Permit Fee Required
<input checked="" type="checkbox"/>	\$10,000 to \$49,999	\$250
<input checked="" type="checkbox"/>	\$50,000 to \$99,999	\$500
<input checked="" type="checkbox"/>	\$100,000 to \$249,999	\$1,000
<input checked="" type="checkbox"/>	\$250,000 to \$499,999	\$1,500
<input checked="" type="checkbox"/>	\$500,000 and over	\$2,500

The construction for which this permit is issued will be completed by _____
Date

Construction will be in compliance with Health and Safety Code Chapter 144 and 25 TAC §221.6 as indicated by the complete plans and specifications enclosed with this application.

Signature of Applicant

THE STATE OF TEXAS

County of _____

Before me, the undersigned authority, in and for said county and state on this date personally appeared

Applicant who being by me duly sworn on oath stated that the statements in the foregoing instrument are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20____

Notary Public _____

County of _____, Texas